


## FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

| <b>Title of<br/>Invention</b>                                                                                                                                                                                                                        | PERSONAL USER AGENT    |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------|-------------|-----------------|----------|-----------|-------------|-----------------------------------------------|------|-----|-----|
| Application Number :                                                                                                                                                                                                                                 | 10/036247              |  |             |                 |          |           |             |                                               |      |     |     |
| Date :                                                                                                                                                                                                                                               | 2001-12-27             |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| First Named Applicant:                                                                                                                                                                                                                               | Christopher G Ramsayer |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Attorney Docket Number:                                                                                                                                                                                                                              | 7000-084               |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Art Unit:                                                                                                                                                                                                                                            | 2143                   |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Examiner :                                                                                                                                                                                                                                           | Ji Yong David Chung    |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| <b>TOTAL FEE AUTHORIZED \$ 180</b>                                                                                                                                                                                                                   |                        |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Patent fees are subject to annual revisions on or about October 1st of each year.                                                                                                                                                                    |                        |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table> |                        |                                                                                     |             | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Submission Of Information Disclosure Stmt Fee | 1806 | 180 | 180 |
| Fee Description                                                                                                                                                                                                                                      | Fee Code               | Amount \$                                                                           | Fee Paid \$ |                 |          |           |             |                                               |      |     |     |
| Submission Of Information Disclosure Stmt Fee                                                                                                                                                                                                        | 1806                   | 180                                                                                 | 180         |                 |          |           |             |                                               |      |     |     |
| <b>AUTHORIZED BILLING INFORMATION</b>                                                                                                                                                                                                                |                        |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>                                                                                                                                                |                        |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Credit account number:                                                                                                                                                                                                                               | 1002                   |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Expiration Date (YYYYMMDD):                                                                                                                                                                                                                          | 2005-10-31             |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Authorized name:                                                                                                                                                                                                                                     | Benjamin S. Withrow    |                                                                                     |             |                 |          |           |             |                                               |      |     |     |
| Billing address:                                                                                                                                                                                                                                     | 27511                  |                                                                                     |             |                 |          |           |             |                                               |      |     |     |